

Policy No: BEN-06-002 (Rev 1)

Subject: COVERAGE OF ADULT DENTAL SERVICES IN A HOSPITAL

EMERGENCY DEPARTMENT

Approved By: Description: Date: 1/4/2008

PURPOSE OF POLICY STATEMENT: The purpose of this policy is to clarify the circumstances in which dental related services for a TennCare enrollee age 21 or older may be considered a covered service when the enrollee presents at the Emergency Department of a hospital.

POLICY:

The EMTALA (Emergency Medical Treatment and Active Labor Act) statute (42 CFR 489.24) states that if an individual comes to the emergency department of a hospital, the hospital <u>must</u> provide an appropriate medical screening examination within the capability of the hospital's emergency department, including ancillary services routinely available to the emergency department, to determine whether or not an emergency medical condition exists. The Managed Care Organization of the enrollee is required to pay for this examination.

Adult Dental Emergencies:

Effective August 1, 2005, adult enrollees age 21 and older in TennCare Medicaid and TennCare Standard were no longer eligible to receive dental services under the TennCare program. If an adult presents in the hospital emergency department with a dental problem and the hospital determines that an EMTALA screen needs to be done, the Managed Care Organization of that enrollee will pay for the EMTALA screen. If the screen determines that the individual does have a medical emergency (e.g. cellulitis or sepsis secondary to a dental problem), the MCO will also pay for that medical treatment. The "origin" of the medical condition (e.g. dental abscess) is irrelevant and the MCO cannot deny payment of the claim on this basis. Once the "medical" emergency is resolved, any related dental services that may be needed (e.g., extraction of abscessed

tooth) are NOT TennCare covered services and will not be paid for by the Managed Care Organization.

If the hospital emergency department determines that the presenting condition does <u>not</u> constitute a medical <u>emergency</u>, but does require <u>medical treatment</u>, the MCO may, at their discretion and depending on their policies regarding prior authorization of non-emergency treatment, refer the enrollee for outpatient treatment for which they will pay. Again, any associated need for a dental service (e.g., extraction of abscessed tooth) is NOT a TennCare covered service and will not be paid for by the Managed Care Organization.

OFFICES OF PRIMARY RESPONSIBILITY:

Chief Medical Officer Chief of Networks

REFERENCES:

42CFR 438.114(a)

Rule 1200-13-13-.04(1)(b)(6)

Rule 1200-13-14-.04(1)(b)(6)

Contractor Risk Agreement 2-3a.1; 2-3.b.3; 2-3.k.1; 2-3.t

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